

CLAIMS ONLY							Application Number 09/719,485		Filing Date	
							Applicant(s)			
27-28							* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/		/	X						
2	/		/	X						
3				X						
4	/		/	X						
5	X		X							
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Total Indep	9		7				Total Indep			
Total Depend	5		4				Total Depend			
Total Claims	14		11				Total Claims			